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OFFICE OF THE THEATER SURGEON

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SICK AND WOUNDED REPORT, CLINICAL RECORDS
AND DISPOSITION OF MEDICAL RECORDS

1. CENTRAL MEDICAL RECORDS OFFICE, for reports, records and statistics of the Medical Department in the Southwest Pacific Area, is located in the Office of the Chief Surgeon, Hq. USASOS, APO 707. The following instructions are prepared in accordance with Letter, this Headquarters, subject: Medical Department Reports, file FEXM 321, 2 August 1944.

2. MAJOR COMMANDS, as used in the following paragraphs will be interpreted to mean: Sixth Army, Eighth Army, Far East Air Force, USASOS Bases, Australia Base Section, USASOS, 14th Antiaircraft Command, Replacement Command USAFFE and separate corps, brigades or units.

3. THE SICK AND WOUNDED REPORT, (WD AGO Form 8-23), hereafter will be prepared in accordance with AR 40-1025, 12 December 1944.

a. Submission and channels. The Sick and Wounded Report (Form 8-23) will be prepared in triplicate. The original and one copy will be forwarded through medical channels to Central Medical Records Office. One copy will be retained for unit file. The Form 8-23 will be forwarded, wrapped around the Emergency Medical Tags of each reporting unit. The Hospital Form 8-23 will be forwarded in the same package with the Field Medical Records. The package will be securely wrapped and tied so as to arrive at Central Medical Records Office intact. Major commands will forward Sick and Wounded Reports direct to Central Medical Records Office.

b. Action by intermediate surgeons. The surgeons of major commands will promptly subject the Report Form 8-23, Emergency Medical Tags and Field Medical Records to a critical examination for completeness and accuracy. The diagnosis will be recorded in accordance with Section IV: "Diseases: Nomenclature and Manner of Recording", AR 40-1025. "Standard Terms for Diagnoses", Office of the Chief Surgeon, Hq. USASOS, will no longer be used as a guide in the preparation of Sick and Wounded Reports. The most frequent errors are failure to record how, when and where for each injury, line of duty for each diagnosis and disposition date from quarters or hospital to duty. Medical officers will sign Field Medical Cards, Emergency Medical Tags (except in certain cases resulting in death in which signature by a medical officer is impracticable, the Emergency Medical Tags will then be prepared by a member of the burial party or a member of the medical department who examines the remains). Should errors or omissions be discovered on any of the components of the report, necessary action will be taken for their immediate corrections before forwarding the report to Central Medical Records Office. The entire report will be detained by the intermediate surgeons, awaiting corrections, and will be forwarded, when corrected, to Central Medical Records Office without delay.

c. Final and initial reports. Initial report will be rendered by each new unit immediately upon arrival or activation in the Southwest Pacific Area. Final reports will be rendered, by units being inactivated or departing from the Southwest Pacific Area.

d. Geographical Locations. In accordance with T.B. Med. 7, "The first hospital initiating a Field Medical Record will show the geographical name of the place where the individual first became a non-effective due to current injury or illness. Any hospital receiving a patient whose record does not already clearly show geographical location where he was injured or became ill, will ascertain such location and place its name in the individual record".

e. Use of WD AGO Forms 8-27 (old WD MD Form 52c) and 8-28 (old WD MD Form 52d) by Portable Surgical Hospitals. The preparation of Forms 8-27 and 8-28 by Portable Surgical Hospitals, Clearing and Collecting Companies and other similar medical units functioning as hospitals will be left to the discretion of the Commanding Officers of such installations. When the military situation permits, it is desired that Field Medical Records be prepared on all hospitalized patients. When Form 8-27 is not used, the supplemental record on the back of the Emergency Medical Tag will serve the purpose of the Field Medical Card.

f. Disposition of records of completed cases. The record of each case completed by return to duty, AWOL, or by death will be forwarded with the next monthly Report of Sick and Wounded. Absence without leave for more than 10 days is final disposition of the case and the Field Medical Record will be completed accordingly. If the determination of line of duty is still pending upon completion of a case and at the close of the report period, the line of duty will be shown as "LOD: Undetermined, pending investigation" and the Field Medical Record will be forwarded with the monthly Report of Sick and Wounded. When the line of duty has been determined, a "Correction Card" will be prepared in accordance with Par. 73b, AR 40-1025 and will be forwarded to Central Medical Records Office by letter of transmittal. The diagnosis will be recorded on the Field Medical Jacket.

g. Line of duty of civilians. Line of duty will be recorded for civilian employees of the United States Government or allied Governments. The medical officer treating the case will enter the opinion of the civilian's immediate superior and his own on the medical record of the patient. In the event of disagreement, the reason therefore will be included in the medical officer's entry. The opinions will be made as to whether the disease or injury was or was not incurred as a result of, or in the course of, employment.

h. Alcoholism and drug addiction. AR 35-1440 prohibits pay, as distinguished from allowances, to any person in the military or naval service for the period of absence from duty in excess of 24 hours if the absence is due to disease as distinguished from injury resulting from his own intemperate use of drugs or alcoholic liquors. When a patient is hospitalized for two or more disabilities one of which comes within the purview of AR 35-1440, the major disability determines his pay status. In such cases, if the need for hospitalization for the major disability ceases and the patient remains in the hospital for treatment of the secondary condition, the date of cessation of treatment for the major condition is the date of the change in the pay status of the patient.

Example:

A soldier while intoxicated fell over a tree stump and fractured his right arm. Upon admission, 10 December 1944, he was very obstreperous. He recovers from the alcoholism in 48 hours but remains in the hospital for five weeks as a result of the fracture.

Diagnosis:

1. Alcoholism acute. Cured 12 December 1944.
2. Fracture, simple, complete, distal third right radius a.i. while intoxicated, patient fell over tree stump, striking his right hand on a rock. 10 December 1944 at F Co, 2nd Bn. 128th Inf., Hollandia, New Guinea.

Line of Duty:

1. No, AR 35-1440 from 10 Dec. to 12 Dec.
2. No, AW 107.

The same example is repeated except that the fracture is the primary cause of admission and the patient is not obstreperous. Since the acute alcoholism is not the cause of admission, loss of pay is not involved.

Diagnosis:

1. Fracture, simple, complete, distal third right radius a.i. while intoxicated, patient fell over tree stump, striking his right hand on a rock, 10 December 1944, at F Co., 2nd Bn., 128th Inf., Hollandia, New Guinea.
2. Alcoholism acute. Cured 12 December 1944.

Line of Duty:

1. No, AW 107.
2. No, (AR 35-1440 does not apply).

i. Notation of award of Purple Heart. USAFFE Regulations 10-50, 27 May 1944, requires that, "Notation of award of Purple Heart or the Oak-Leaf Cluster will be made under heading "Supplemental Record" on the back of the Emergency Medical Tag, as follows: "Purple Heart awarded Par. _____, General Orders _____, Headquarters _____, dated _____, Medal Number _____, presented".

j. WIA and IIA recorded on Field Medical Card and Field Medical Jacket. WIA (Wounded in Action) or IIA (Injured in Action) will be printed in large red letters on WD Forms 8-27 and 8-28 for each battle casualty admitted to the hospital.

k. Inclosures by Red Cross Workers. Red Cross personnel assigned to United States Army Hospitals are authorized to insert into the Field Medical Jacket of patients being transferred or evacuated, such essential memoranda, addressed to "American Red Cross Assistant Field Director" as pertains directly to the patient's welfare. This memoranda is subject to the existing censorship regulations. Hospital authorities are authorized to send, upon request, the following information on any American Red Cross personnel, hospitalized, to the Director of Personnel, American Red Cross Headquarters, APO 501:

- (1) Date of Admission
- (2) Date of Discharge
- (3) Diagnosis
- (4) Condition of patient at time of discharge.

1. Australian personnel in U.S. Army Hospitals. United States Army Hospitals transferring Australian personnel to an Australian Army Medical Unit will forward with the patient all medical and clinical records, x-rays, laboratory reports, etc., pertaining to the case. United States Army Hospitals discharging Australian personnel to duty will forward the records indicated above to the appropriate L of C Area Records Office.

- (1) Australian personnel seriously ill, dangerously ill or in case of death, a radiogram will be sent to the nearest L of C Area Records Office, the addressees of which are as follows:

Queensland - Warwick, Queensland.
New South Wales - R.A.S. Showground, Sydney.
Victoria - 252 Swanston Street, Melbourne.
South Australia - Centennial Hall, Wayville.
Western Australia - Box P. 1246, G.P.O. Perth.
Tasmania - Newton Park, Newton.
Northern Territory - Centennial Hall, Wayville, S. Aust.
New Guinea - Warwick, Queensland.

m. Relationship of medical records to patient. The clinical or field medical record will when practicable be kept on the ward surgeon's or nurse's desk, rather than tied to the foot of each patient's bed. On transfer of the patient from one hospital to another all medical records will be carried safe-hand, and will not be in possession of the patient.

n. Evacuation of patients to General Hospitals. "G.H." will be printed in large red letters just above the patient's name on the face of the Field Medical Jacket on all patients to be evacuated to general hospitals.

o. Emergency Medical Tag used as a death tag. The emergency medical tag will be prepared for each case resulting in death. The completed emergency medical tag, with all pertinent data pertaining to the death will accompany each cadaver upon disposition to the Quartermaster. The emergency medical tag will be removed from the body before interment is made, and will be forwarded through channels to Central Medical Records Office.

p. The Field Medical Record is essentially an administrative report, supplying a brief consecutive record of each patient, and will be fully and accurately completed for each case. It cannot be used as a clinical history, for this would result in all the available space being used and none left for recording the basic data for which the record is intended.

4. DISPOSITION OF CLINICAL RECORDS AND X-RAYS. In accordance with Par. 127 g, clinical records will not be included in the Field Medical Jacket, but will be disposed of as in a below:

a. Clinical records which have accumulated in the various hospitals will no longer be shipped to Central Records Storage, APO 923, when hospital is closed or moved, but will be packed in boxes, arranged in sequence, identified as provided in Par. 2, Circular No. 272, War Department 1944, and shipped to Demobilized Personnel Records Branch, AGO, 209 South Main Street, High Point, North Carolina. In addition, a listing of records shipped, as

required by Par. 2a (2) (c) Circular No. 272, will be promptly mailed to that branch. WD AGO Form 8-25 (old MD Form 52a) card index will not be forwarded with the clinical records but will be retained until the hospital is disbanded, at which time they will be forwarded as above.

b. Administrative Hospital Records other than clinical records will be reduced through the elimination of non-record material as defined in Par. 3b, AR 345-10, and records authorized for disposal (War Department, Pamphlet 12-5, "Records Administration - Disposition of Records") will, at the discretion of the Commanding Officer be boxed and shipped to Organization Records Branch, AGO, Savannah ASF Depot, Savannah, Georgia. In addition, a listing of records shipped in duplicate as required by Par. 2c (2) will be promptly mailed to that branch.

c. Exposed X-ray films will be disposed of in accordance with the provisions of Circular No. 147, War Department, 1944. Films will not be stored among the clinical records or the administrative hospital records. Films to be salvaged will be sent to the nearest Quartermaster Salvage Depot.

5. FIRST TRAINING CENTER. When a patient has completed his stay in the hospital, and is sent to First Training Center, Replacement Command for rehabilitation, the Field Medical Record will be closed and forwarded with the succeeding Report of Sick and Wounded of the disposing hospital. The clinical record will be forwarded to the U.S. Army Hospital, First Training Center, Replacement Command, APO 503. When the clinical record becomes of no further value in the rehabilitation of the patient, it will be disposed of in accordance with Par. 4a above, at the discretion of the Commanding Officer of the First Training Center Hospital.

6. CLINICAL FOLLOW UP REPORTS ON PATIENTS. Medical officers in forward installations have repeatedly requested information on final diagnosis, treatment and disposition of particular patients who have been evacuated to other hospitals. Such information is of value in maintaining professional interest and standards improving early diagnosis, and developing more selective evacuation.

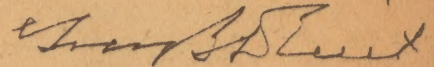
a. To provide this information where desired, MDNS-20 cards are provided (by medical supply) which may be enclosed in the Field Medical Jacket with the Field Medical Card. The medical officer desiring follow up will self-address the MDNS-20 card and fill out the upper half of the reverse side.

b. The medical officer in charge of the patient at the hospital making final disposition in this theater will complete the card, and return to the sender. Since this is a professional courtesy, it is urged that medical officers do not initiate cards routinely or unnecessarily, but only where follow up is actually desired, and that when cards are received, medical officers be scrupulous in completing them.

7. NEUROPSYCHIATRIC DIAGNOSES. The various types of psychoneurosis such as anxiety state, conversion hysteria, etc., are sufficiently well-defined to justify their use without being prefaced by the term "psychoneurosis". This term will therefore no longer be used on individual clinical records. Instead the particular type or types of psychoneurosis and the severity will be recorded as the diagnosis. In every case this will be followed by a statement of the degree and nature of the external stress which has precipitated the

disorder and an estimate of the extent of the individual's predisposition.

8. RECISSION. Circular Letter No. 5, Hq. USAFFE, Office of the Theater Surgeon, 14 January 1945 is rescinded.



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Distribution:
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